

## Freedom of Information/Privacy Act Request

**Department of Homeland Security** 

U.S. Citizenship and Immigration Services

Requestor's Full Name

**USCIS** Form G-639 OMB No. 1615-0102 Expires 06/30/2022

**NOTE:** Use of this form is optional. USCIS accepts any written request, regardless of format, provided that the request

complies with the applicable requirements under the FOIA and the Privacy Act. However, using this form can help ensure we have the appropriate information to handle your request.  START HERE - Type or print in black ink.	4.a. Family Name (Last Name)  4.b. Given Name (First Name)  4.c. Middle Name		
Part 1. Type of Request			
Select only one box.	Requestor's Mailing Address		
NOTE: If you are filing this request on behalf of another individual, respond as it would apply to that individual.	5.a. In Care Of Name (if any)		
<ul> <li>1.a.</li></ul>	5.b. Street Number PO BOX 813786  5.c. Apt. Ste. Flr.		
Part 2 Propostor Information			
Part 2. Requestor Information  1. Are you the Subject of Record for this request?  ☐ Yes ☑ No  If you answered "Yes" to Item Number 1., skip to Part 3. If you answered "No" to Item Number 1., provide the information requested in Part 2., Item Numbers 2.a 3.c.	5.d. City or Town HOLLYWOOD  5.e. State FL 5.f. ZIP Code 33081  5.g. Province  5.h. Postal Code		
Representative Role to the Subject of Record	5.i. Country USA		
Select your representative role to the Subject of the Record.  2.a.  An Attorney  2.b.  An Accredited Representative of a Qualified	Requestor's Contact Information  6. Requestor's Daytime Telephone Number		
Organization Organization	9549838801		
2.c. A Family Member	7. Requestor's Mobile Telephone Number (if any)		
Select the appropriate box to provide further information regarding your representative role to the Subject of the Record.  3.a.   I am requesting information on behalf of my child or a minor I have guardianship over.	8. Requestor's Email Address (if any)  DIAZDODD@BELLSOUTH.NET		
3.b.   I am requesting information on behalf of someone who is deceased.	Requestor's Certification		
3.c. I am requesting information on behalf of someone for whom I have power of attorney.	By my signature, I consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See the What Is the Filing Fee section in the Form G-639 Instructions for more information.)		
	9.a. Requestor's Signature		
들이 보는 하는 이번 이외에 대통하는 사람이 되었다. 이번 등 등록이 되자 이렇게 되지 않는 경에 통하는 점점을 하면서 하다니다. 그			

Date of Signature (mm/dd/yyyy) 06/24/

Pa	t 3. Descrip	otion of Records Requested	Otl	ier Informati	ion About the Subject of Record
Part delay Imm	3., failure to property processing of	quired to respond to every Item Number in ovide complete and specific information may your request or prevent U.S. Citizenship and is (USCIS) from locating the records or id.	6.a. 6.b.		rival-Departure Record Number  avel Document Number
1.		ose of your request.			
	NOTE: This field is optional. However, providing this information may assist USCIS in locating the records and information needed to respond to your request.		7.	Alien Registra	ation Number (A-Number) (if any)
				Tidola o I;	► A- 0 9 4 3 6 1 7 6 6
			8.	USCIS Online	Account Number (if any)
			•		
			9.	Application of	Petition Receipt Number
Fu	I Name of th	e Subject of Record			out Family Members that May sested Records
2.a.	Family Name (Last Name)	FERNANDEZ	or ch	nildren. If you r	e the requested information about a spouse need extra space to complete this section,
2.b.	Given Name (First Name)	ROSSELL		ne space provid ily Member 1	ed in Part 6. Additional Information.
2.c.	Middle Name	REYNALDO	10.a	Family Name (Last Name)	MOLINA
Oth	er Names Us	sed by the Subject of Record (if any)	10.b	Given Name (First Name)	CLAUDA
		nes the Subject of Record has ever used,	10.c.	Middle Name	SUSANA
		aiden name, and nicknames. If you need lete this section, use the space provided in	11.	Relationship	
	6. Additional			SPOUSE	
3.a.	Family Name (Last Name)	FERNANDEZ SEVILLA	Fam	ily Member 2	
3.b.	Given Name (First Name)	ROSSELL		Family Name (Last Name)	FERNANDEZ
3.c.	Middle Name	REYNALDO	12.b	Given Name (First Name)	ANA
4.a.	Family Name (Last Name)		12.c.	Middle Name	GABRIELA
4.b.	Given Name (First Name)		13.	Relationship	
4.c.	Middle Name			DAUGHTER	
Fu	l Name of th	e Subject of Record at Time of	Par	ents' Names	for the Subject of Record
	ry into the U		Fath		: 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
5.a.	Family Name (Last Name)	FERNADEZ		Family Name (Last Name)	FERNANDEZ MAYEN
5.b.	Given Name (First Name)	ROSSELL	14.b	Given Name (First Name)	REYNALDO
5.c.		REYNALDO	14.c.	Middle Name	ROSER

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	t 3. Description of Records Requested	Ma	iling Address for the Subject of Record
Moth		4.a.	In Care Of Name (if any)
	Family Name (Last Name) SEVILLA RAMOS	4.b.	Street Number and Name 6800 NW 39TH AVENUE
15.D.	Given Name (First Name) FRANCISCA	4.c.	X Apt.  ☐ Ste.  ☐ Flr.
15.c.	Middle Name OFELIA	4.d.	City or Town COCONUT CREEK
15.d.	Maiden Name (if applicable)	4.e.	State FL 4.f. ZIP Code 33073
16.	Describe the records you are seeking. If you need additional space, use the space provided in <b>Part 6</b> . Additional Information.		Province Postal Code
	ANY AND ALL RECORDS PERTAINING TO THE  IMMIGRATION STATUS OF THE SUBJECT OF  RECORD.		Country
			· Long
	t 4. Verification of Identity and Subject of ord Consent	NO1 5.	FE: Providing this information is optional.  Daytime Telephone Number  9545799046
Provide the information requested in Item Numbers 1.a 7. In addition, the Subject of Record MUST sign in Item Numbers 8.a 8.c.		6.	Mobile Telephone Number (if any) 9545799046
	l Name of the Subject of Record	7.	Email Address (if any)  ROSSELLNOS@HOTMAIL.COM
1.a.	Family Name (Last Name) FERNANDE Z		
1.b.	Given Name (First Name) ROSSELL		
1.c.	Middle Name REYNALDO		
Oth	er Information for the Subject of Record		
2.	Date of Birth (mm/dd/yyyy) 10/10/1966		
3.	Country of Birth		
11/14/6	HONDURAS		왕이는 그가 어디 어린까 옷 열쇠 들었다면 이 그리고 있었다면서 얼굴한 전 나를 보게 됐다.

## Part 4. Verification of Identity and Subject of Record Consent (continued)

## Signature of the Subject of Record

Select only one box.

NOTE: The Subject of Record MUST provide a signature in Item Number 8.a. OR Item Number 8.b. If the Subject of Record is deceased, select Item Number 8.c. and attach an obituary, death certificate, or other proof of death.

## 8.a. Notarized Affidavit of Identity

IMPORTANT: Do NOT sign and date below until the notary public provides instructions to you.

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in Part 2. If filing this request on my own behalf, I also consent to pay all costs incurred for search, duplication, and review of documents up to \$25. (See the What Is the Filing Fee section in the Form G-639 Instructions for more information.)

gnature of Subject of Record

Date of Signature (mm/dd/vvvv)

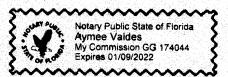
6/24/20

Subscribed and sworn to before me on this 24

\_\_\_ in the year **2020**. day of JUNE

Daytime Telephone Number 954-24/-4200

ommission Expires on (mm/dd/yyyy)



8.b.		Declaration Under Penalty of Perjury			
		y my signature, I consent to USCIS releasing the quested records to the requestor (if applicable) amed in <b>Part 2.</b> If filing this request on my own shalf, I also consent to pay all costs incurred for arch, duplication, and review of documents up to 1.5. (See the <b>What Is the Filing Fee</b> section in the form G-639 Instructions for more information.)			
		I certify, swear, or affirm, under penalty of perjury under the laws of the United States of America, that the information in this request is complete, true, and correct.			
		Signature of Subject of Record			
		Date of Signature (mm/dd/yyyy)			
8.c.		Deceased Subject of Record			
		[25] 25 [26] : [1 [25] [25] [25] [25] [25] [25] [25] [25]			
Pai	rt 5.	<b>Processing Information</b>			
Pai 1.	Ind	Processing Information icate if any of these circumstances apply to your uest (Select all that apply).			
	Ind	icate if any of these circumstances apply to your			
	Ind requ	icate if any of these circumstances apply to your uest (Select all that apply).  Circumstances in which the lack of expedited treatment could reasonably be expected to pose an imminent threat to the life or physical safety of the			
	Indregi	icate if any of these circumstances apply to your usest (Select all that apply).  Circumstances in which the lack of expedited treatment could reasonably be expected to pose an imminent threat to the life or physical safety of the individual.  An urgency to inform the public about an actual or alleged Federal government activity, if made by a person primarily engaged in disseminating			
	Ind requ	icate if any of these circumstances apply to your lest (Select all that apply).  Circumstances in which the lack of expedited treatment could reasonably be expected to pose an imminent threat to the life or physical safety of the individual.  An urgency to inform the public about an actual or alleged Federal government activity, if made by a person primarily engaged in disseminating information.			

Do you have a pending Immigration Court hearing date?

Yes

If you answered "Yes" to Item Number 2., submit a copy of one of the following documents with your Form G-639: I-862, Notice to Appear; Form I-122, Order to Show Cause; Form I-863, Note of Referral to Immigration Judge, or submit a written notice of continuation of a future scheduled hearing before the immigration judge.

Pai	t 6. Additional Information	5.a.	Page Number 5.b. Part Number 5.c. Item Number
with space to co of pa her A Page	u need extra space to provide any additional information in this request, use the space below. If you need more e than what is provided, you may make copies of this page implete and file with this request or attach a separate sheet uper. Type or print the Subject of Record's name and his or A-Number (if any) at the top of each sheet; indicate the e Number, Part Number, and Item Number to which answer refers; and sign and date each sheet.	5.d.	2 3 13  FAMILY MEMBER 6  FAMILY NAME: FERNANDEZ  GIVEN NAME: MARIA  MIDDLE NAME: PATRICIA  RELATIONSHIP: DAUGHTER
1.a.	Subject of Record's Family Name (Last Name)		
	FERNANDEZ		
1.b.	Subject of Record's Given Name (First Name)		
	ROSSELL		
1.c.	Subject of Record's Middle Name		
	REYNALDO	6.a.	Page Number 6.b. Part Number 6.c. Item Number
2.	Subject of Record's A-Number (if any)		
	► A- 0 9 4 3 6 1 7 6 6	6.d.	
3.a.	Page Number 3.b. Part Number 3.c. Item Number 2 3 13		
3.d.	FAMILY MEMBER 3		
	FAMILY NAME: FERNANDEZ JR		
	GIVEN NAME: ROSSELL		
	RELATIONSHIP: SON		
	ABBRITONDITE . SON		
	FAMILY MEMBER 4		
	FAMILY NAME: FERNANDEZ	7.a.	Page Number 7.b. Part Number 7.c. Item Number
	GIVEN NAME: CRISTIAN		
	RELATIONSHIP: SON	7.1	
		7 <b>.d.</b>	
4.a.	Page Number 4.b. Part Number 4.c. Item Number		
	2 3 13		
4.d.	FAMILY MEMBER 5		
	FAMILY NAME: FERNANDEZ		
	GIVEN NAME: MICHAEL		
	RELATIONSHIP: SON		
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